

## Family & Juvenile Drug Court - Client Satisfaction Survey

Now that you have completed the Drug Court program at the Jackson County Family Court, we would like to know something about your feelings about the experience.

Your responses will be CONFIDENTIAL and will only be used to help better serve Family Drug Court clients in the future.

Would you please provide the following information?	
<p>Your Gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>Your Age: <input type="text"/> <input type="text"/></p> <p>Date: ____ / ____ / ____</p>	<p>What is your primary ethnic/cultural/racial background?</p> <p><input type="radio"/> White <input type="radio"/> Hispanic/Latino</p> <p><input type="radio"/> Black/African American <input type="radio"/> Asian/Pacific Islander</p> <p><input type="radio"/> Combined Race <input type="radio"/> Other</p>

1. Overall, I think the services at the Family & Juvenile Drug Court are:

- ☐ Excellent ☐ Fair  
☐ Very Good ☐ Poor  
☐ Good

2. The staff were available to answer my questions:

- ☐ All of the time ☐ Sometimes  
☐ Most times ☐ Rarely or never

3. I was treated as an individual with unique needs and concerns:

- ☐ All of the time ☐ Sometimes  
☐ Most times ☐ Rarely or never

4. I knew what was going on with my case:

- ☐ All of the time ☐ Sometimes  
☐ Most times ☐ Rarely or never

5. My case manager responded promptly to my concerns:

- ☐ All of the time ☐ Sometimes  
☐ Most times ☐ Rarely or never

Please continue on the back of this page —

6. The staff were courteous and treated me respectfully.

- ☐ All of the time      ☐ Sometimes  
☐ Most times      ☐ Rarely or never

7. This program helped me deal with a substance abuse issue:

- ☐ A great deal      ☐ A little bit      ☐ Does not apply  
☐ Somewhat      ☐ Not much

8. This program helped me improve my parenting skills:

- ☐ A great deal      ☐ A little bit      ☐ Does not apply  
☐ Somewhat      ☐ Not much

9. If you could change something about your experience with the Family Court, what would it be?

---

---

---

10. Comments:

---

---

---

THANK YOU for taking the time to complete this survey. Please return this survey in the enclosed postage paid envelope. If you have any questions or concerns, please call Dr. Pam Behle at (816) 881-6524.